

**Speech-Language Pathology and Audiology Board**

1422 Howe Avenue, Suite 3, Sacramento, CA 95825
Telephone: (916) 263-2666 / Fax: (916) 263-2668
www.slpab.ca.gov



SPEECH-LANGUAGE PATHOLOGY ASSISTANT REGISTRATION RENEWAL

Please complete this entire form and return with the **\$75.00** to the address above. Do not send cash. Send a separate check or money order and form for each registration. Make payable to: Speech-Language Pathology and Audiology Board or SLPAB.

Registration No.: _____ Social Security No.: _____

Name: _____
(Last, First, MI)

Address: _____
(Street)

(City, State, Zip Code)

Would you like your address of record changed? _____ Yes _____ No

Please check one of the following:

- ☐ I have completed 12 hours of continuing professional development.
- ☐ I wish to renew my registration as INACTIVE. I understand that while my registration is inactive I cannot engage in any activity for which an active registration is required.
- ☐ I was granted an exemption by the board on _____.

I swear under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

(SIGNATURE)

(DATE)

A faxed copy of this declaration shall be as valid as the original.